

WAUKESHA COUNTY DEPARTMENT OF PARKS AND LAND USE
PLANNING AND ZONING DIVISION
 515 W. Moreland Blvd. Room AC 230
 Waukesha, Wisconsin 53188 (262) 548-7790
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**APPLICATION FOR A ZONING PERMIT FOR DEVELOPMENT
WITHIN THE JURISDICTION OF THE WAUKESHA COUNTY AIRPORT HEIGHT ORDINANCE**

For Office use only: Fee Pd. (see Fee Schedule) _____ ATF Y/N: ____ Receipt No. _____ Checked by _____ Airport Height Ordinance (AHO) **X**

FAA review received _____ Bureau of Aeronautics review received _____ Waukesha County Airport Comm./Manager review received _____

BOA No. _____ PO No. _____ CU No. _____ ZP Appl. No. _____ ZP No. _____

File copy _____ Building Inspector copy _____ Owner copy _____ Applicant copy _____

Town/City/Village_____Town/Range/Section_____Tax Key No(s)._____

Owner _____ Applicant (if different) _____

Mailing address _____ Mailing address _____

Daytime Phone No. (_____)_____ Daytime Phone No. (_____)_____

Address of Premises (if different) _____ Cell phone number of crane operator (_____) _____

Legal Description (from survey)_____

Detailed and complete description of proposed work to be constructed, erected, installed, located, replaced, repaired, rebuilt, or altered, and the intended use (attach additional pages, if necessary):

Is the structure/use within ½ mile of the airport? Y/ N _____ Is the structure/use between ½ mile and three miles of the airport? Y/ N _____

Is the structure/use within an avigation easement? Y/ N _____ Is the structure/use within a Runway Protection Zone (RPZ)? Y/ N _____

HEIGHT/ELEVATION DATA

Maximum permitted elevation above mean sea level (amsl), as set forth in the AHO or in a recorded avigation easement: _____ NGVD29

Total height of the proposed structure/use above the ground level (agl), including any appurtenances: _____

Maximum elevation (amsl) of proposed structure/use, including any appurtenances: _____ NGVD29

What is the ground elevation at the site of the proposed structure/use? _____ NGVD29

CRANES

Will a temporary crane be utilized during construction? Y/N ____ If yes, what is the total height of the crane (agl)? _____

What is the maximum elevation of the crane (amsl)? _____ NGVD29 What is the ground elevation at the crane site? _____ NGVD29

Type of crane proposed: _____

Will the crane be lowered at night and when not in use? Y/ N _____ How will crane be flagged/marked/lighted? _____

Dates crane will be utilized: Start date: _____ End date: _____

SUPPLEMENTAL QUESTIONS

Has an FAA Notice of Proposed Construction or Alteration been filed for the proposed structure/use/crane? Y/ N__ Date filed with FAA: _____

Will the proposal create electrical interference with radio communication between the airport and any aircraft? Y/ N ____ If yes, explain on attached.

Will the proposal make it difficult for pilots to distinguish between airport lights and others? Y/ N ____ If yes, please attach an explanation.

Will the proposal result in glare in the eyes of pilots using the airport? Y/ N ____ If yes, please attach an explanation.

Will the proposal impair visibility in the vicinity of the airport? Y/ N _____ If yes, please attach an explanation.

Will the proposal otherwise endanger the landing, taking off, or maneuvering of any aircraft? Y/ N ____ If yes, please attach an explanation.

Are any storm water management facilities proposed? Y/ N _____ If yes, please explain or attach. _____

FIVE COPIES OF AN ACCURATE SITE PLAN OR PLAT OF SURVEY (preferred), DRAWN TO SCALE, MUST BE SUBMITTED WITH THIS APPLICATION. The map should show (1) location and dimensions of lot, (2) height, elevation, location and dimensions of all existing/proposed buildings/structures/uses on lot, including temporary cranes. **TWO SETS OF DETAILED BUILDING PLANS MUST ALSO BE SUBMITTED, AND A GRADING PLAN MAY ALSO BE REQUIRED.** AN INCOMPLETE APPLICATION FORM OR MISSING INFORMATION WILL CAUSE DELAY IN THE ISSUANCE OF THE ZONING PERMIT, AND THE APPLICATION MAY BE RETURNED FOR ADDITIONAL INFORMATION. CONSTRUCTION MUST START WITHIN 6 MONTHS AND BE COMPLETED WITHIN 18 MONTHS OF THE DATE OF ISSUANCE OF THE ZONING PERMIT.

The undersigned states that the foregoing information is true and accurate to the best of his/her knowledge; that he /she has read and understands all information in this application; it is hereby agreed that for and in consideration of the issuance of a zoning permit that the foregoing work will be carried out as defined in this application; that all applicable ordinances or codes of the federal government, state, county, and municipality will be complied with in carrying out the proposed work stated in the application; and that work will not commence before a building permit has been obtained from the local building inspector. If any changes or deviations are made from the original application, a new permit is required. Failure to comply with the permit as issued will result in the revocation of the permit or other penalties. By signing this form, the owner/applicant is giving consent for the Department of Parks and Land Use to inspect the site as necessary and related to this application even if the property has been posted against trespassing pursuant to Wis. Stat.

Signature of Owner _____ Date _____

Signature of Applicant _____ Date _____

Application (approved) (denied) by Zoning Administrator _____ Date _____

Conditions for approval or reasons for denial: _____